

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22483

State File No.

No. 300
10.48

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 3071 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. CITY OR TOWN <u>Slater</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>82 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>224 E. Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		09710	

3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Phillips</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-5th, '56</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June, 18th 1874</u>		9. AGE (In years last birthday) <u>82</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of previous life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	

13a. FATHER'S NAME <u>Benjamin Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hardin</u>		14. NAME OF HUSBAND OR WIFE <u>May Phillips, Slater</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Slater, Mo.</u> ADDRESS <u>Slater, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>With Bundle Branch Block</u>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1950, 1950, to July-5-1956, that I last saw the deceased alive on July-5-1956 and that death occurred at 8:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. C. Higgins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Slater, Mo</u>		23c. DATE SIGNED <u>7-6-56</u>	
24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>burial</u>		24b. DATE <u>7/7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rehoboth</u>	
				24d. LOCATION (City, town, or county) (State) <u>Slater, Mo</u>	

DATE REC'D BY LOCAL REG. <u>7/6/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u> ADDRESS <u>Slater, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. C. Hill*.....

Licensed Embalmer No. *309*.....

P. O. Address *State*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.